

NEW YORK WING STAFF APPLICATION

ACTIVITY INFORMATION

Name of Activity	Location	Start and End Date
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CAP UNIT INFORMATION

Charter #	Squadron Name	Group Name
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APPLICANT INFORMATION

Name of Applicant (Last, First, MI)	Date Joined CAP mmyy	Gender	CAP Grade	Age	CAPID
Street Address		City			State
Zip	E-mail Address		Web Page Address		
Home Phone	Business Phone	Pager	Cell Phone	Other (Specify)	

I. LIST PREVIOUS ENCAMPMENTS ATTENDED

Year	Encampment	Position Held	Awards
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. LIST OTHER LEADERSHIP TRAINING (i.e., Leadership Schools, COS, ROTC, etc.)

Year	Activity	Position Held	Awards
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. POSITION APPLYING FOR (Rank Order 1, 2 and 3 – Only 3 Choices)

COMMAND <input type="checkbox"/> Commander <input type="checkbox"/> Deputy Commander <input type="checkbox"/> Commandant of Cadets* <input type="checkbox"/> Executive Officer <input type="checkbox"/> Liaison Officer* <input type="checkbox"/> Safety* <input type="checkbox"/> Chaplain* <input type="checkbox"/> MLO* <small>*Senior Member Position Only</small>	EXECUTIVE <input type="checkbox"/> Finance <input type="checkbox"/> Logistics <input type="checkbox"/> Operations <input type="checkbox"/> Public Affairs <input type="checkbox"/> Training <input type="checkbox"/> Medical <input type="checkbox"/> Air Operations <input type="checkbox"/> Administration	FLIGHT <input type="checkbox"/> Group First Sergeant <input type="checkbox"/> Squadron Commander <input type="checkbox"/> Squadron First Sergeant <input type="checkbox"/> Flight Commander <input type="checkbox"/> Flight Sergeant <input type="checkbox"/> Chief TAC Officer* <input type="checkbox"/> TAC Officer* <input type="checkbox"/> NCO Academy TAC* <input type="checkbox"/> NCO Academy Advisor	STAN/EVAL (SET) <input type="checkbox"/> SET OTHER (List) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px; height: 20px;"> </td><td> </td></tr> </table>										

IV. OTHER INFORMATION

Will you be bringing a CAP radio with you to the activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, please write your call sign. <input type="checkbox"/> Check if you do not have a call sign.	Call Sign
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I wish to apply for the Staff Positions indicated above. I have attached a typed one-page essay outlining relevant CAP experiences and skills explaining why I feel I could do a good job in the positions. However, I will perform any duty assigned to me. Yes No

Signature of Applicant

Date

I certify that the applicant is a member in good standing in my unit and I approve his/her request.

Signature of Unit Commander

Date